

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
RECEIVED CITY OF MOUNTAIN VIEW	For Official Use Only
04 JUL 15 PM 3:54	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Galiotto, Nick

DAYTIME TELEPHONE NUMBER

(650) 967-3471

FAX NUMBER (optional)

()

OFFICE OF
CITY CLERK

STREET ADDRESS

CITY

Mountain View

STATE

CA

ZIP CODE

94041

OFFICE SOUGHT (POSITION TITLE)

Member of the City Council

AGENCY NAME

City of Mountain View

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

OFFICE JURISDICTION

☐ State (Complete Part 2)

☒ City ☐ County ☐ Multi-County:

Mountain View

(Name of Jurisdiction)

2004

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 15, 2004
(month, day, year)

Signature

Nick Galiotto
(Candidate)

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772